



BOARD OF HEALTH

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-5335 x 1119 * Fax: (508) 839-8559
healthdept@grafton-ma.gov



APPLICATION TO INSTALL PORTABLE TOILET

Location of Toilet(s): _____ No. of Toilets: _____

Owner's Name & Address: _____

Reason for Temporary Use: _____ Dates of Use: Begin: _____ End: _____
(Ex: new construction, renovations, subdivision, etc.)

Name of Applicant: _____

Name of Business: _____

Address: _____

Telephone No.: _____ E-Mail Address: _____

Portable Toilet Company Name: _____

Address: _____

Street # & Street Name City/Town State Zip Code

Telephone No.: _____ E-Mail Address: _____

Final Disposal of Sewage: _____

When Pumped (frequency): _____

Please complete applications in its **entirety**. Failure to supply **all** information will result in a delay of issuance of your license.

The undersigned agrees to install and maintain temporary portable toilet(s) at a location approved by the Grafton Board of Health in accordance with Title 5 of the State Sanitary Code.

_____/_____
SIGNATURE OF APPLICANT PLEASE PRINT

DATE

FEE: \$10.00 / Per Toilet / Per Calendar Quarter

REVISED 11/14